Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 4.18-D Page 1 OMB No.: 0938-
	STATE PLAN U	NDER TITLE XIX	OF THE SOCIAL SECURITY ACT
	State/Territory	y:	UTAH
	Premiums Impos	ed on Low Incom	me Pregnant Women and Infants
option	al categoricall	y needy pregna	ermine the monthly premium imposed on ant women and infants covered under and (B) of the Act:
		N/A	
for pr	emium payment,	notification of	used is as follows (include due date of the consequences of nonpayment, and waiver of premium payment):
		N/A	
	•		
*Descripti	on provided on	attachment.	
TN No Supersedes		Date 12/18	[9] Effective Date 10   9
TN No	<u>ew</u>		HCFA ID: 7986E

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	STATE PLAN U	NDER TITLE XIX	K OF THE	SOCIAL SECURITY	ACT			
	State/Territor	у:	UTAH					
C. State	or local funds	under other p	rograms a	re used to pay f	or premiums:			
	Yes	<u></u>	No					
a prem	riteria used for nium because it lbed below:	r determining would cause a	whether t n undue h	he agency will w ardship on an in	aive payment of dividual are			
		N/A						
*Description provided on attachment.								
TN No. 91-13 Supersedes, Approval Date 12/18/91 Effective Date 10/19/								
TN No.	=w 1.	•	•	HCFA ID: 7986E				